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APPLICANT: Chung-Lung Kevin Shum et al.

SERIAL NO.: 09/677,527

FILED: October 2, 2000

FOR: PROGRAM STORE COMPARE
HANDLING BETWEEN INSTRUCTION
AND OPERAND CACHES)
) Group Art Unit: 2188
)
) Examiner:
) Ross, John M.
)
)
) Confirmation No. 4322
)AMENDMENT AND RESPONSE TO OFFICE ACTION

In response to the Office Action mailed April 8, 2004 with regard to the above referenced Patent Application, Applicants request reconsideration of the claims in view of the following remarks.

#3
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.	
Applicant(s): CHUNG-LUNG KEVIN SIUM ET AL.			POU9-2000-0163US1/I24-0019	
Serial No. 09/677,527	Filing Date 10/2/2000	Examiner JOHN M. ROSS		Group Art Unit 2188
Invention: PROGRAM STORE COMPARE HANDLING BETWEEN INSTRUCTION AND OPERAND CACHES				
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I hereby certify that this <u>AMENDMENT (20 PAGES) AND TRANSMITTAL (1 PAGE)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>JULY 8, 2004</u> (Date)				
<u>Noelle T. Erickson</u> (Typed or Printed Name of Person Signing Certificate) <u>Noelle T. Erickson</u> (Signature)				
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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): CHUNG-LUNG KEVIN SHUM ET AL.	Docket No. POU9-2000-0163US1/I24-0019
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Serial No. 09/677,527	Filing Date 10/2/2000	Examiner JOHN M. ROSS	Group Art Unit 2188
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Invention: **PROGRAM STORE COMPARE HANDLING BETWEEN INSTRUCTION AND OPERAND CACHES****OFFICIAL**TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	35 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0463
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.


Signature

Dated: JULY 8, 2004

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